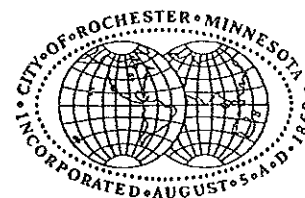


# ROCHESTER

*Minnesota*

FIRST CLASS CITY • FIRST CLASS SERVICE

## ETHICS ORDINANCE DISCLOSURE FORM



JUDY SCHERR, CMC  
City Clerk  
201 4th Street SE, Room 135  
Rochester, MN 55904-3742  
(507) 328-2900  
FAX #(507) 328-2901

NAME: Mark Hickey

ADDRESS: 1807 Northern Viola Ln NE

CITY, STATE, ZIP CODE Rochester, MN 55906

1. What is the name of your position, title or job title with the municipality or City?

*City Council*

2. Is this an employed, appointed, or elected position?

*Elected*

3. What is the name of the City department in which you are employed, or City board, commission or elected body on which you serve?

*City Council*

4. When were you hired, appointed or elected to this position?

*Special Primary: July 30, 2013*

*Special Election: September 17, 2013*

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood, marriage or other personal relationships or close business or political association. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

Ethics Ordinance  
Disclosure Form  
Page Two

5. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

*None*

6. Please list any interests you have in a business doing business with the City.

*None*

7. Please list any interest you have in any business located within, or doing business in, the City.

*None*

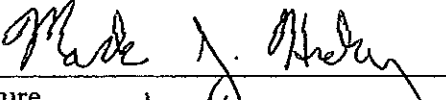
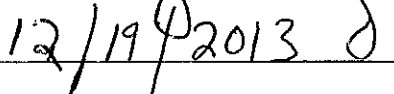
8. List any and all employment.

*Rochester Youth Hockey*

9. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

*(See Attached)*

I hereby certify that the above information is complete and accurate.

  
Signature  
  
Date

Please mail completed and signed form to:  
Judy Scherr, CMC, City Clerk, City Hall, 201 4<sup>th</sup> Street SE, Room 135  
Rochester, MN 55904-3742  
05-16-13

**9. Community, civic or non-profit organizations:**

Rochester Youth Hockey Association (RYHA), board member;  
Southeastern Minnesota Youth Orchestra (SEMYO);  
Olmsted County Hockey Association (OCHA), board member;  
Rochester Charitable Alliance (RCA), Director;  
Southeastern Minnesota Suzuki Organization (SEMSA);  
Friends of Graham Park, board member;  
Mae Jacobs Foundation, board member;  
Veterans of Foreign Wars (VFW)